

SUMMARY BUDGET FORM FOR STATE COUNCIL GENERAL SUPPORT GRANTS

For each budget category shown below, please list the total anticipated expenditure of NEH outright funds, NEH federal matching funds, and cash cost sharing (including the gifts that will be certified to NEH for matching). ***Do not include 1) other NEH grant funds, 2) third party in-kind contributions, or 3) carry-over funds from a prior funding period on this budget form.*** For regrants only, please itemize the amount budgeted for each of the three funding types.

If you do not use the budget categories below in your organizational budget, you may cross out these categories and replace them with the ones your council uses, or you may redo this form. However, the regrant expenditures must be itemized as shown below and the Executive Director must sign the summary budget.

General Management \$ _____

Program Services \$ _____

Fund Raising \$ _____

Public Meetings \$ _____

Council-Conducted Projects \$ _____

Regrants: (Total of A, B, & C below) \$ **0.00**

A) NEH Outright Funds \$ _____

B) NEH Federal Matching Funds..... \$ _____

C) Cash Cost Sharing \$ _____

Other (please itemize): \$ _____

=====

TOTAL COSTS * \$ **0.00**

****The Total Costs amount may not be less than the sum of the outright and federal matching funds offered plus the gifts that will be certified to NEH to release the federal matching funds.***

Council name

Grant ID number

Signature of Executive Director

Date

THIS SUMMARY BUDGET SHOULD BE COMPLETED, SIGNED, SCANNED, AND EMAILED TO THE NEH OFFICE OF GRANT MANAGEMENT AT GRANTMANAGEMENT@NEH.GOV **OR** FAXED TO (202) 606-8633.